



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT DUNN HOSPITAL

City of Hospital: Bedford

Year Begin: 07/01/2017 (mm/dd/yyyy format)

Year End: 06/30/2018 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 151335

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$9241756
Outpatient Patient Service Revenue	\$45410136
Total Gross Patient Service Revenue	\$54651892

2. Deductions From Revenue

Contractual Allowance	\$33983182
Other Deductions	\$1322411
Total Deductions	\$35305593

3. Total Operating Revenue

Net Patient Service Revenue	\$19346299
Other Operating Revenue	\$154202
Total Operating Revenue	\$19500501

4. Operating Expenses

Salaries and Wages	\$5744064	Employee Benefits	\$1747610
Depreciation and Amortization	\$704411	Interest Expense	\$266342
Bad Debt	\$0	Other Expenses	\$11595349
Total Operating Expenses	\$20057776		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-557275	Total Assets	\$10731156
Net Non-operating Gains over Loss	\$-1672	Total Liabilities	\$13271705

Total Net Gains	\$-558947
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$21388901	\$12787887	\$8601014
Medicaid	\$15647041	\$12542403	\$3104638
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$17615950	\$9975303	\$7640647
Total	\$54651892	\$35305593	\$19346299

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$128	\$-128
Hospital Patients	\$0	\$0	\$0
Community Education	\$150	\$64425	\$-64275

Number of Medical Professionals Trained	50
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	\$1553

Statement Six: Charity Statement

Hospital Charity Charges	\$3432163
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1189845	
HCI Payments	\$0		
Subtotal	\$0	\$1189845	\$-1189845
Medicaid Shortfalls	\$3104638	\$6370202	
Subtotal	\$3104638	\$7560047	\$-4455409
DSH Payments	\$0		
Subtotal	\$3104638	\$7560047	\$-4455409
Medicare Shortfalls	\$7489145	\$7414995	
Other Government Programs	\$0	\$0	
Total	\$10593783	\$14975042	\$-4381259

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$46831	\$-46831
Community Assessment	\$0	\$17716	\$-17716
Provision of Taxes	\$0	\$945766	\$-945766
Other Allocations	\$0	\$0	\$0

Comments